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CCC-505 (06-30-04)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. STATE AND COUNTY CODE	2. FARM NO.	3. PROGRAM YEAR
		4. REASON FOR REDUCTION OF DCP BASE ACRES <input type="checkbox"/> CRP Enrollment <input type="checkbox"/> Other _____		

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Farm Security and Rural Investment Act of 2002, (Pub. L. 107-171). The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - REQUEST

The undersigned request a permanent reduction of the Direct and Counter-Cyclical Program (DCP) Base Acres established for the following crop(s) for the farm number entered in Item 2. I/We understand that, except for reductions because of enrollment into the Conservation Reserve Program (CRP), this reduction is a permanent reduction of DCP Base Acres, and the DCP Base Acres reduced shall not be returned to the farm.

I/We understand that when the reason for the reduction entered in Item 4 is because of enrollment of cropland into CRP, the reduced DCP Base Acres may be returned to the farm if the applicable CRP contract is voluntarily terminated on or before September 30, 2007, and all other eligibility requirements are met.

5. TRACT NO.	6. COMMODITY	7. DIRECT YIELD	8. COUNTER CYCLICAL YIELD	9. COMMODITY BASE ACRES ON TRACT BEFORE REDUCTION	10. COMMODITY BASE ACRES ON TRACT TO BE REDUCED	11. COMMODITY BASE ACRES ON TRACT AFTER REDUCTION (Column 9 MINUS Column 10)
				-	=	
				-	=	
				-	=	
				-	=	

12. Total DCP Base Acres to be Reduced (Total of Column 10)

13. Total DCP Base Acres on Farm Before Reduction

14. Total DCP Base Acres on Farm After Reduction (Item 13 minus Item 12)

15A. REQUESTOR'S SIGNATURE

DATE (MM-DD-YYYY)

15B. OWNER'S SIGNATURE

DATE (MM-DD-YYYY)

15C. OWNER'S SIGNATURE

DATE (MM-DD-YYYY)

15D. OWNER'S SIGNATURE

DATE (MM-DD-YYYY)

16. REMARKS (If the DCP base acres are being reduced because of cropland enrollment into CRP on or after May 13, 2002, enter the CRP-1 number and the effective date of CRP-1).

PART B - APPROVAL (COUNTY OFFICE USE ONLY)

17. REDUCTION IS:

APPROVED

☐

DISAPPROVED

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18. COC'S SIGNATURE

DATE (MM-DD-YYYY)

19. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)

TELEPHONE NUMBER (Area Code):

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